

**EASTERN STATE HOSPITAL  
WILLIAMSBURG, VIRGINIA**

**Facility:** Eastern State Hospital  
Williamsburg, Virginia

**Date(s):** September 25 – 26, 2000  
October 3, 2000

**Type of Inspection:** Primary Inspection / Announced

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**Purpose of the Inspection:** To conduct a comprehensive inspection of the acute admissions program housed in Building 2 as a part of routine on-going quality reviews.

**Sources of Information:** Interviews were conducted with staff and patients. Documentation reviews included but were not limited to the medical records of ten patients, documentation related to seclusion events, staff schedules, psychosocial rehabilitation program descriptions and schedules, Performance Improvement and QA projects, statistics regarding the use of seclusion and restraint, and facility personnel recruitment and retention data. Activities / Programs were observed as well as interactions between staff and patients.

**Areas Reviewed:** Section One/ Treatment with Dignity and Respect  
Section Two/ Use of Seclusion and Restraint  
Section Three/ Active Treatment  
Section Four/ Treatment Environment  
Section Five/ Access to Medical Care  
Section Six / Public-Academic Relationships  
Section Seven / Notable Administrative Activities

## Section Eight / Facility Challenges

### Facility Background Information

Eastern State Hospital (ESH) is the oldest continuously operated publicly funded psychiatric institution in the nation. The original keepers at this institution were member of the Galt family who operated this facility until the Civil War. At one time this facility was a self-supporting operation serving several thousand patients. Its census currently is approximately 520 patients. The patients are served in one of three programs: acute admissions, longer-term psychosocial rehabilitation and geriatric services. There is also a medical services building on the campus, which provides for non-surgical acute and convalescent care.

Eastern State is a large facility with relatively distinct clinical populations. The acute admissions unit was the primary focus of this inspection.

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## SECTION ONE

### TREATMENT WITH DIGNITY AND RESPECT

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**Finding 1.1: Staffs, of all disciplines, were observed to treat patients with dignity and respect in their interactions throughout the inspection.**

Background: There were multiple opportunities to observe the interactions between the patients and staff throughout the inspection process. In general, patients were addressed in a polite and respectful manner by staff who approached a variety of situations in a calm and professional manner. Observations of staff efforts to recognize each individual patient's limitations while encouraging them to maximize their strengths were particularly noted in the day program activities. Several of the direct-care staff interviewed indicated that opportunities to learn more about the patients they serve and about their illnesses are one of the primary reasons for continuing in their employment at the facility. Day-shift staff, in particular, appreciated opportunities to participate in the delivery of active treatment with the patients. They described their experiences as providing them with increased awareness of the challenges facing the patients and methods for assisting them.

**Recommendation: Continue to foster positive interactions that promote the treatment of patients with respect and dignity.**

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**Finding 1.2: Challenging placements were identified as one of the primary issues facing the human rights advocates providing services for the acute admissions unit, Building 2.**

Background: The advocates directly responsible for overseeing the rights of patients residing in Building 2 outlined several of the challenges of addressing the human rights needs for that service. The acute admissions service provides care to diverse populations with varying needs. One reportedly critical issue that often surfaces in this setting is the conflict between the right of the patient to return to the community once stabilized and the lack of available and adequate resources that would enable the individual to successfully remain in the community once discharged. This was identified as particularly true for the number of individuals with mental illness treated in the admission units who are also diagnosed with mental retardation.

On a facility-wide basis the advocates indicated that the priority for their office is to address complaints of abuse and neglect. ESH has the highest numbers of complaints in the state facility system. This is attributed, in part, to the on-going education of both staff and patients, which serves as a way of continuously heightening awareness of reportable events. An additional concern for advocates, in general, is the securing of appropriate authorized representatives for the facility's significant geriatric population.

**Recommendation: Maintain dialogue with facility, Central Office and the community regarding issues associated with community re-integration.**

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## **SECTION TWO**

### **THE USE OF SECLUSION AND RESTRAINT**

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**Finding 2.1: The entire facility as well as the admissions unit have significantly reduced the use of seclusion and restraint over the past several years.**

Background: The use of seclusion and restraint for behavioral management was a concern identified by the Department of Justice for the entire statewide facility system. There has been a concerted effort by all facilities, including Eastern State Hospital, to reduce the usage of both seclusion and restraint. Data and interviews indicated that the facility has made a significant effort in the reduction of the use of seclusion and restraint.

Current ESH policy allows for the use of seclusion during emergency events when the patient is a clear danger to self or others when lesser restrictive treatment interventions have failed.

Several QA projects are in place for tracking the use of seclusion and restraint in this building as well as facility-wide. Of the main treatment programs at Eastern State, the acute admissions unit is the most likely to use this intervention since the newer admissions are more at risk of instability, and since when patient at other units become unstable behaviorally, they are transferred back into this unit for more intensive treatment and monitoring.

**Recommendation: Maintain the current treatment culture that promotes the humane use of seclusion and restraint as a last resort emergency procedure only.**

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**Finding 2.2: Continuous observation of patients in seclusion is not a current practice in Building 2.**

Background: Current directives, both by policy and in practice, regarding seclusion clearly define that its use is to occur in emergency situations only. A review of the policy and interview with staff members reveal that continuous observation of patients while in seclusion is not a current practice in this Building. This is inconsistent with the current emerging Departmental Instructions. An initial assessment by a qualified licensed practitioner and fifteen-minute reassessments were clearly documented in the records reviewed. This meets the current versions of standards for seclusion and restraint use by the Healthcare Financing Administration (HCFA) and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

**Recommendation: ESH needs to review its policy regarding seclusion and update it in terms of consistency with new departmental instructions.**

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**Finding 2.3: There was not any documented evidence that routine debriefing of patients regarding seclusion events occurs.**

Background: A review of records of several patients that had been secluded lacked documentation that a debriefing occurred with the patient(s) regarding the events that resulted in seclusion. Post-seclusion debriefing is an active treatment opportunity, which could benefit the patient and the staff. Ideally opportunities for both the staff who were present on the unit at the time of the seclusion event and the patient for debriefing should occur. The debriefing could include a brief recap of events leading to the emergency situation as well as the skills the patient could have used to avoid seclusion. A focus on what would happen in similar circumstance in the community could also be a regular part of the post-seclusion debriefing.

Interviews with staff indicated that although it does not consistently occur and was rarely documented, debriefing with the patient often occurs.

**Recommendation: Formalize the process of post-seclusion debriefing of both staff and patients including procedures for documentation. This is consistent with new Departmental Instructions.**

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### **SECTION THREE**

#### **ACTIVE TREATMENT**

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**Finding 3.1: There are well-defined psychosocial rehabilitation programs offering daily treatment activities.**

Background: Psychosocial programming has been available for patients in the acute admissions program since 1997. Inadequate psychosocial rehabilitation programming had been one of the issues cited by both the Department of Justice (DOJ) and the Health Care Financing Administration (HCFA). There were multiple challenges in establishing a program that was flexible enough to meet the recovery needs of patients demonstrating a wide range of acute symptoms and with different levels of functioning and stability while remaining meaningful and individualized. Members of each discipline are involved in providing a variety of groups. There are two distinct paths for patients in psychosocial rehabilitation programming in the acute admissions service. Although there are groups that are shared between the two paths, patients with either a primary or secondary substance abuse diagnosis are channeled into the Recovery Education Program, which utilizes treatment approaches identified as most effective for persons recommended for substance abuse treatment.

Members of the inspection team had the opportunity to observe several groups. Group leaders encouraged participation, were inclusive and used a variety of techniques and mediums to actively engage each individual. Mutual respect and a cooperative spirit between the patients and group leaders were evident. The groups observed were clearly a valuable experience for the patients involved. There was clinical maturity observed in the staff conducting these groups.

**Recommendation: Continue to provide and foster an environment conducive to promoting recovery through active treatment.**

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**Finding 3.2: The process of treatment was evident throughout the clinical record(s).**

Background: A sample of ten records was reviewed. Links between the initial comprehensive assessments, the initial treatment plans and subsequent master plan were evident. Elements that were updated in the plan were reflected in the progress notes in the

record. Progress notes were clearly identified by discipline and, in general, linked back to the problem being addressed by each intervention.

**Recommendation: None. Continue to maintain treatment records.**

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**Finding 3.3: Treatment plans identified the primary barriers to discharge for the patients and individualized strategies for treatment.**

Background: Treatment plans were well organized and clearly identified the primary barriers to discharge in each of the ten records reviewed. The established goals were realistic with specific interventions outlined. Updates were completed in a timely manner, reflecting changes. Treatment plans contained evidence of patient and family participation.

**Recommendation: Continue to maintain clearly defined and realistic treatment plans.**

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**Finding 3.4: Treatment team meetings were organized and efficient with demonstrated efforts at actively identifying the patient's concerns and goals.**

Background: Several treatment team meetings were observed including team development of the master plan as well as case reviews or updates. The meetings were well organized and focused on the identified tasks. Several members served to keep the group focused while each discipline discussed their professional perspective on the patient(s). The psychiatrist served as the team leader and each discipline entered into the discussion regarding the status of the patient and served a role in determining the team's approach to care. Patients were included in the discussion regarding their treatment to-date, especially medication management, and future goals. Increased efforts could be made to include the patient earlier in the discussions regarding strategies for interventions. In one team meeting observed, a family member participated in the development of services and goals for recovery for the patient. She was provided with an opportunity to address both the team and the patient. She explained her frustrations, concerns and outlined her boundaries regarding her willingness to assist the patient if a commitment to treatment was not made.

**Recommendation: Continue to enhance team functioning while developing ways for increased inclusion of the patient in the process.**

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**Finding 3.5: Patients with a primary substance abuse diagnosis comprise a third of the admissions to this Building.**

Background: Slightly more than a third of the admissions to the acute admissions program had a primary substance abuse diagnosis with greater than fifty percent of the admissions reviewed receiving detoxification services. Not only was this population a large percentage of the admissions, it is also (according to the staff interviewed) one of the fastest growing populations for the unit. This is typically a population that has been diverted from other facilities as a result of special projects between local community services boards and private psychiatric facilities. Diverting this population for acute services with court-ordered involvement in area intensive outpatient substance abuse services would be one method of addressing staff shortages.

We do not question the need and appropriateness for substance abuse treatment in these individuals. However, the use of inpatient state psychiatric beds for this purpose is inconsistent with other state hospitals in Virginia at this time.

**Recommendation: Work with the Central Office to develop an understanding as to utilization review of these acute psychiatric beds for individuals with primary substance abuse.**

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**Finding 3.6: Patients, dually diagnosed with both mental illness and mental retardation, present a placement challenge for the facility.**

Background: The average census figures for ESH patients diagnosed with both mental illness and mental retardation was close to twenty MONTHS at the time of the inspection. Several staff interviewed described the unique difficulties in provide on-going care and treatment for this population within the acute admissions unit, particularly as extended stays (about half for periods greater than a year) are often a function of placement problems. In one record reviewed, it appeared quite possible that prolonged hospitalization was contributing to the behavioral difficulties exhibited by the patient. Staff involved with his care reported that he functions well in a stable structured setting but this is often difficult to achieve on acute units where there is a continuous shift in patients.

**Recommendation: Work with the Central Office in exploring alternate methods for meeting both the treatment and placement needs for this population.**

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## **SECTION FOUR**

### **TREATMENT ENVIRONMENT**

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**Finding 4.1: The treatment environment was well maintained and clean. The interior living spaces were stark and institutional.**

Background: A tour of the six living units In Building 2 occurred during the course of the inspection. Each area was well maintained and clean. Efforts at assuring a safe environment were evident, particularly in the units typically used for forensic patients. Although the environment was clean and maintained, the barren appearance of both patient bedrooms and common-areas created an institutional appearance.

**Recommendation: Explore ways of creating a more home-like and comfortable setting.**

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**Finding 4.2: Nursing staffs frequently work mandatory overtime to meet current staffing patterns.**

Background: Many staff related that they are very stressed by the amount of mandatory stay over shifts they must work. This was the primary concern identified by direct care staff interviewed throughout the course of the inspection. Even staffs of other disciplines expressed concern for nursing staff and feared continued shortages would jeopardize both treatment and patient safety. Several staff members interviewed indicated that they had left their full-time position with benefits to become contract employees in an effort to gain increased control over their hours. They also related that they did not leave the facility entirely because they liked working with the patients. They felt they benefited from the training and other learning experiences offered within this program. Senior Management at ESH including the Director of Nursing are very aware of this situation and relate that multiple efforts had been initiated by the facility to actively recruit and retain nursing personnel.

**Recommendation: Continue to explore alternate ways of meeting the staffing needs of the facility while lessening the amount of mandatory overtime for staff.**

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## **SECTION FIVE**

### **ACCESS TO MEDICAL CARE**

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**Finding 5.1: Staff reports an effective working relationship with current medical coverage in accessing both medical care on campus and community-based acute medical services.**



Background: The acute admissions unit has the benefit of a full-time primary care physician, who completes the initial medical history and physical on all patients admitted to the facility during the day shift. A system of after-hours rotation of physicians is established for both psychiatric and medical coverage. Patients with non-surgical medical issues who need a higher level of medical care are routinely transferred to the on-site medical center for treatment. Patients transferred to the medical unit for medical care continue to be followed by their psychiatrist from their originating unit. Staff indicates that the facility has a good working relationship established with the local hospital for emergency medical coverage and special consultation as needed. Review of records supported this.

**Recommendation: Continue to maintain this important service for patients.**

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## SECTION SIX

### PUBLIC ACADEMIC RELATIONSHIPS

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**Finding 6.1: Eastern State Hospital collaborates with many Colleges and Universities to provide training opportunities for a number of different professions.**

Background: A number of the clinical departments at Eastern State Hospital participate in training activities through various internships. The facility has agreements with approximately thirty colleges, universities and other academic programs for internships and training available in the fields of occupational therapy, social work, psychology, psychiatry/ medicine, nursing and therapeutic recreation. Within Building 2, for example, interns in psychology, social work, occupational therapy and nursing had been involved in services during different periods throughout the past year. There was an opportunity to interview two medical students from the Eastern Virginia Medical School during the inspection. They were on-site beginning their six-week psychiatric rotation. Each described several ways that the experience had changed their perceptions regarding mental illness and issues regarding the care and treatment of psychiatric consumers.

**Recommendation: Continue to maintain and develop the successful clinical training experiences and internships currently offered at Eastern State Hospital**

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## SECTION SEVEN

### NOTABLE ADMINISTRATION PROJECTS

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**Finding 7.1 There are a number of quality assurance indicators that are followed within the admission unit at Eastern State Hospital.**

Background: There are a number of quality indicators that are followed on this unit. These include information on seclusion and restraint use, thirty day readmissions, active treatment, nutritional risk assessment and GAF scores. There is a helpful project regarding the monitoring of the use and documentation of suicide precaution. These indicators are monitored and assimilated. Information is discussed at the facility-wide Quality Improvement Council. The minutes from the August Quality Improvement Council were reviewed. These minutes include a number of topics that are being monitored in the acute admission unit as well as throughout the facility in an ongoing fashion. The follow-up is listed as being none for a number of these activities, implying that these indicators have met or in many cases exceeded the desired goal.

There may be certain parameters that are generally worth trending indefinitely such as seclusion and restraint use, etc. Other quality indicators might be discontinued once threshold goals are met for a sustained period of time so that new indicators can be developed.

**Recommendation: Critically review the cost Vs benefit of indefinitely collecting information that may not provide new and useful insight into facility practice.**

**Finding 7.2 There is not clear evidence for ongoing performance improvement within the admitting unit at Eastern State Hospital.**

Background. In a very general sense, much has changed since the influence of the Department of Justice within this unit. The Department of Justice settled the case with Eastern State almost two years ago. Patients are receiving active treatment in a safe environment by caring staff. Staff however are progressively working more and more overtime to maintain the staffing ratios agreed to with the Department of Justice. For many reasons, including the current low unemployment rate, it is progressively harder to get and keep qualified staff. It is not hard to understand why existing staff would be at high risk for becoming demoralized and seeking employment elsewhere.

If introduced properly, performance improvement projects can help to some degree with employee participation. The entire facility is starting to review and focus on the staffing shortage problem. Perhaps this unit could take the lead in developing a performance improvement project that would focus on the retention of qualified staff.

**Recommendation: Develop performance improvement projects within this unit that will help to improve care as well as stimulate the dedicated staff who work within this environment.**

**Finding 7.3 There is not a formal Social work Department at this facility.**

Background: This was discussed with several staff. Other professions have clinical departments, with appropriate “department heads” that play a role in facility-wide leadership. Many felt that this situation has contributed to social work staff being used by individual treatment teams inconsistently. In a system where other professions have this leadership, it is not difficult to understand how this could lead to dissatisfaction. Social workers should be given the opportunity to advocate for a clinical leadership role, or better understand how their needs are addressed currently within facility wide administration. E are not necessarily recommending that a new position be established, however review of the problems potentially associated with this seems merited.

**Recommendation: Consideration should be given to the situation regarding the structure and position of social work within this facility.**

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**SECTION EIGHT**

**FACILITY CHALLENGES**

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**Finding 8.1: Recruiting and retaining nursing staff has proven to be extremely difficult facility-wide.**

Background: Eastern State Hospital, like many of the state and private facilities across the Commonwealth, is dealing with a critical shortage of nursing personnel. One of the challenges for this facility certainly is its location in a highly competitive metropolitan area where multiple options are available. A review of articles from area newspapers reflected many choices for RN, LPN and other direct-care positions that offered greater salaries and a variety of benefits including sign on bonuses, child-care centers and tuition waiver programs, to name only a few. The question of the status of the "selling" of the facility is believed by many to be a contributing factor in ongoing recruitment difficulties.

Members of the senior management staff are developing a number of initiatives in an effort to attract and retain qualified employees. Assistance for nursing services plans were developed and implemented by the other disciplines with each department taking on additional tasks. Flexible scheduling was implemented and options made available for employees seeking additional hours on a voluntary basis. The facility has offered a flexible schedule for students, who many only be able to work on the weekends or at other limited time periods in order to relieve full-time employees. Despite these efforts, the number of separations from nursing services outpaces the positions filled for this calendar year. Building 2 experienced the separation of five recently employed members of the nursing staff during the time of this inspection. This requires a daily review of staffing schedules and the excessive use of mandatory overtime in order to meet the

staffing requirements. Yet staff cite the use of overtime as one of the main reasons for considering seeking employment at other healthcare facilities perpetuating the problem.

To the extent possible, resolution as to the future of this facility, and possible relief through planful census reduction would be an obvious approach to provide some relief to the current staffing shortage.

**Recommendation: Work with the Central Office in developing solutions to the overall and on-going shortage of nursing personnel at this facility.**